

Progressive Vision Group

Dr. Joseph Perez

Dr. Staci Palmer

Patient Name: _____ Today's Date: _____

Authorization to Treat

I authorize the doctors at Progressive Vision Group and its staff to assess and treat myself/family member. Initial: _____

Dilation Drops

I authorize the doctors/staff to administer drops used to dilate my pupils/my child's pupils. The purpose of dilating drops is to allow the doctor to fully evaluate the health of the eye. I understand this may cause blurry vision, light sensitivity and possibly light headedness. These side effects can last 4-6 hours. I may reschedule (within 30 days) for another day to come back at no charge for this procedure if not convenient for me today. Initial: _____

iVue Wellness Scan

Our doctors highly recommend you have an iVue Wellness scan done as part of your comprehensive eye exam today. The use of this technology has allowed our doctors to detect diseases of the eye such as glaucoma, macular degeneration and other retinal pathologies at a significantly earlier stage than would have been previously detectable. Some of these cases may have gone undetected until serious damage has occurred. Once a baseline is established, it may be necessary to repeat this test yearly, or as necessary. Our doctors will go over the results with you during your visit today and advise on findings and steps needed to insure your eye health. **The wellness scan is not covered by insurance and is \$35.00.**

I have read the iVue Wellness scan notice and agree to have this procedure today _____ initial

I have read the iVue Wellness scan notice and will not have the procedure done today _____ initial

Insurance/Billing

The doctors at Progressive Vision Group provide comprehensive eye health and vision examinations. This means you will receive a thorough exam to check your eye health and a ***refraction** to establish your prescription. In many cases you may have both medical insurance and vision insurance to assist in paying for these services.

***Refraction**-in order to establish your prescription for eyewear or to assess the severity of ocular disease a refraction is performed. **This is never a covered service for traditional Medicare, group Medicare (ex: Humana, UHC, AARP, Blue Medicare, Aetna, etc) or adult Medicaid. This fee is \$35.00**

Your vision benefit (VSP, Superior Vision, Eyemed, etc) will be billed when there is no medical condition concerning your eyes. This insurance does allow for screenings of medical conditions and a prescription for eyewear, in most cases. Your medical insurance will be billed when a medical condition is present (such as diabetes, cataracts, macular degeneration, floaters, glaucoma, dry eye, etc.) The **specialist copay** will apply as well as any non-covered services. Your copay will also be charged in the treatment of acute eye injuries, infections, etc and at each additional follow up visit. These rules and guidelines of billing are set by the insurance companies and we are contracted to follow them. However, the coverage and benefits you have is a contract between **you and your insurance company**. Any quote received by the staff at Progressive Vision Group is **not a guarantee of payment**. If the insurance denies coverage or applies the fees to your deductible or coinsurance amount **you are responsible** for the balance. If the quotes given to our office differ from your plan benefits after the claim is received and processed, your plan will rule, not the quote. The staff at Progressive Vision Group make every effort to participate with your insurance carrier and will gladly file claims on your behalf if we are in network and contracted. **No claims will be retrofiled.**

I have read these provisions, all of my questions have been answered and I understand and accept these items.

Signature of Patient/Parent/Legal Guardian: _____